

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART XII - WEATHER/ENVIRONMENTAL

For use of this form, DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. ENVIRONMENTAL ROLE (Check "D, S, U, or N" to Indicate Definite, Suspected, Undetermined, or None)				9. OTHER ENVIRONMENTAL CONDITIONS PRESENT DURING ACCIDENT SEQUENCE					
a. Weather Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N		a. Animals		h. Foreign Objects					
b. Other Environmental Condition (Specify in blk 9) <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> N		b. Fowl		i. Temperature					
2. GENERAL DATA AT TIME OF OCCURRENCE				c. Surface		j. Vibration			
a. Temperature °C (est)		d. Pressure Altitude (+ or -)		d. Noise		k. Dust			
b. Altimeter Setting (HG)		e. <input type="checkbox"/> IMC <input type="checkbox"/> VMC		e. Chemicals		l. Other (Specify) _____			
c. Altimeter Reading (MSL)				f. Radiation		m. None			
3. SKY CONDITION				g. Glare					
a. Clear		d. Overcast (_____ feet)		10. AIRCRAFT ICING		Icing Severity			
b. Scattered (_____ feet)		e. Partial Obscuration		<input type="checkbox"/> None <input type="checkbox"/> Yes		Trace (1)	Light (2)	Moderate (3)	Severe (4)
c. Broken (_____ feet)		f. Obscuration							
4. HORIZON				a. Main Rotor Blades					
a. Visible		c. Obscured		b. Wings					
b. Partially Obscured				c. Propellers					
5. VISIBILITY (Naut. miles)				d. Control Surfaces					
6. OBSTRUCTION TO VISION				e. Rotor Head					
a. Natural		f. Tail Rotor							
(1) Dust		g. Fuselage							
(2) Fog		h. Pitot Static System							
(3) Ground Fog		i. Aileron							
(4) Haze		j. Engine Air Inlet							
(5) Ice Fog		k. Fuel Vents							
(6) Smoke		l. Antenna							
b. Induced (rotorwash, etc.)				m. Windscreen					
(1) Blowing Snow		n. Other							
(2) Blowing Sand		11. MOON ILLUMINATION DATA (for night accidents)							
(3) Blowing Dust		a. Moon Above Horizon <input type="checkbox"/> Yes <input type="checkbox"/> No							
7. WINDS				b. Moon Visible <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. Aloft (at en route altitude)		c. Moon _____ Degrees Above Horizon							
b. Surface Winds		d. Percent of Moon Illumination							
		e. Moon _____ O'clock Position From Flight Path/Nose of Aircraft							
8. SIGNIFICANT WEATHER (a maximum of three may be selected)				f. Time (LCL) of Moon Rise and Set _____ L Rises _____ L Sets					
a. Hail		12. TURBULENCE							
b. Sleet		<input type="checkbox"/> None (If "Yes" check "C" for continuous, "I" for intermittent, and "O" for occasional)							
c. Fog		<input type="checkbox"/> Yes				C	I	O	
d. Drizzle		a. Light							
e. Rain		b. Moderate							
f. Snow		c. Severe							
g. Lightning		d. Extreme							
		e. None							
13. FORECAST <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Unknown									
14. REMARKS (Use additional sheet if required)									
15. CASE NO. a. Date (YYYYMMDD) b. Time c. Acft Serial No.									